

# Return of Organization Exempt From Income Tax

**2018**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** JUL 01, 2018 **and ending** JUN 30, 2019

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization** SANTA MONICA BAY RESTORATION F  
 Doing business as THE BAY FOUNDATION  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 8334 LINCOLN BLVD SUITE 310  
 City or town State ZIP code  
 LOS ANGELES CA 90045  
 Foreign country name Foreign province/state/county Foreign postal code

**D Employer identification number** 33-0420271  
**E Telephone number** 888-301-2527  
**G Gross receipts \$** 1896701.

**F Name and address of principal officer:** THOMAS K FORD  
 1 LMU DRIVE LOS ANGELES CA 90045  
**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** WWW.SANTAMONICABAY.ORG **H(c) Group exemption number** ▶

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1990 **M State of legal domicile:** CA

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO RESTORE AND PROTECT THE SANTA MONICA BAY AND ITS 400 SQUARE MILE WATERSHED THROUGH IMPLEMENTATION OF THE SANTA MONICA BAY RESTORATION PLAN		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	1178
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1900347.	1896657.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40.	44.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1900387.	1896701.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1098778.	999044.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 17151.		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	784264.	880553.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1883042.	1879597.
19	Revenue less expenses. Subtract line 18 from line 12	17345.	17104.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1301933.	1327915.
	22	Net assets or fund balances. Subtract line 21 from line 20	265978.	274856.
			1035955.	1053059.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Thomas K Ford* Date: 01/15/2020  
 THOMAS K FORD EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

Print/Type preparer's name: NICHOLAS J BATCH CPA Preparer's signature: *Nicholas J Batch* Date: 01/15/2020 Check  if self-employed PTIN: P00479493  
 Firm's name ▶ BEYOND THE NUMBERS ACCOUNTIN Firm's EIN ▶ 20-1836132  
 Firm's address ▶ 102 WEST ROUTE 66 B GLENDORA CA 91740 Phone no. 626-852-0321

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission: THE PURPOSE OF THE SANTA MONICA BAY RESTORATION FOUNDATION IS TO PROVIDE A MECHANISM FOR ACTIVITIES THAT WILL LEAD TO THE RESTORATION AND ENHANCEMENT OF THE SANTA MONICA BAY AND ITS WATERSHED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 583996. including grants of \$ ) (Revenue \$ ) THE SANTA MONICA BAY NATIONAL ESTUARY PROGRAM, SMBNEP, IS ONE OF 28 SIMILAR PROGRAMS ESTABLISHED UNDER SECTION 320 OF THE 1987 CLEAN WATER ACT AND ADMINISTERED BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY, U.S. EPA. FUNDING IS PROVIDED BY THE U.S. EPA TO IMPLEMENT THE SMBNEPS COMPREHENSIVE PLAN OF ACTION, KNOWN AS THE BAY RESTORATION PLAN, BRP, TO PROTECT AND RESTORE THE SANTA MONICA BAY. THE BRP WAS APPROVED BY THE STATE OF CALIFORNIA AND THE U.S. EPA IN 1995 AND UPDATED IN 2008 AND 2013. THE BRP INCLUDES GOALS, OBJECTIVES, AND MILESTONES TO GUIDE SMBNEPS PROGRAMS AND PROJECTS IN THREE PRIORITY AREAS, WATER QUALITY, NATURAL RESOURCES, AND BENEFITS AND VALUES TO HUMANS. THE US EPA REQUIRES YEARLY WORK PLAN IMPLEMENTED BY TBF AND ITS SMBNEP PARTNERS

4b (Code: ) (Expenses \$ 571704. including grants of \$ ) (Revenue \$ ) THE MARINE PROGRAM CONDUCTS RESEARCH, MONITORING, AND RESTORATION IN COASTAL MARINE HABITATS. PROJECTS FOCUS ON RESTORATION OF KELP FOREST AND EELGRASS HABITATS, RECOVERY OF DEPLETED ABALONE SPECIES, AND MARINE PROTECTED AREAS. THE RESTORATION AND ENHANCEMENT OF MARINE HABITATS INCREASES RESILIENCE ACROSS A DIVERSITY OF ECOSYSTEMS WHILE SUPPORTING LOCAL FISHERIES, RECREATIONAL OPPORTUNITIES, AND RELATED COASTAL ECONOMIES. DATA COLLECTED FROM THESE PROJECTS ALSO FURTHER OUR UNDERSTANDING OF THE IMPACTS FROM CLIMATE CHANGE AND INFORMS ADAPTIVE MANAGEMENT. PLEASE SEE ATTACHED SCH A FOR FURTHER DETAILS

4c (Code: ) (Expenses \$ 302954. including grants of \$ ) (Revenue \$ ) THE WATERSHED PROGRAM SEEKS TO RESTORE AND ENHANCE HABITATS TO BENEFIT WILDLIFE AND PEOPLE. RESTORATION PROJECTS PRIMARILY FOCUS ON WETLANDS INCLUDING MALIBU LAGOON AND BALLONA WETLANDS ECOLOGICAL RESERVE, BEACHES INCLUDING ZUMA, POINT DUME, SANTA MONICA AND DOCKWEILER AND DUNE SYSTEMS LIKE THOSE SURROUNDING THE LOS ANGELES INTERNATIONAL AIRPORT. PROJECTS ARE FUNDED FROM A VARIETY OF FEDERAL, STATE AND PRIVATE SOURCES. EACH PROJECT COMPLETES PERMITTING, LONG TERM MONITORING, IMPLEMENTATION AND RESTORATION. ADDITIONALLY THE WATERSHED TEAM STRIVES TO ASSIST IN COLLECTING DATA TO INFORM CLIMATE IMPACTS AND INNOVATIVE ADAPTATION STRATEGIES USING COMPLEX MODELING AND REGIONALLY SPECIFIC CLIMATE ANALYSIS. SEE ATTACHED SCH A FOR FURTHER DETAILS

4d Other program services. (Describe in Schedule O.) (Expenses \$ 188332. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1646986.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions). . . . .</i>	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		X
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38. Row 28 is shaded grey.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [ ]

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a, 1b, 1c. Row 1c has 'X' in the Yes column.



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA; 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: N BATCH CPA 626-852-0321 102 W RTE 66 GLENDORA CA 91740

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURIE NEWMAN PRESIDENT	5	X		X				0	0	0
(2) KATHRYN VERNEZ VICE PRESIDENT	2	X		X				0	0	0
(3) L DOSS-HERTZ CFO	2	X		X				0	0	0
(4) JEFF KLOCKE DIRECTOR	1	X						0	0	0
(5) C TYRRELL DIRECTOR	1	X						0	0	0
(6) JOHN DORSEY DIRECTOR	1	X						0	0	0
(7) T RASMUSSEN DIRECTOR	1	X						0	0	0
(8) DAVID MCCARTHY DIRECTOR	1	X						0	0	0
(9) TRACY EGOSCUE DIRECTOR	1	X						0	0	0
(10) TOM FORD EXEC DIRECTOR	45	X						142800.	0	6050.
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....							142800.		6050.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							142800.		6050.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	1839327.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	57330.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		1896657.			
	Program Service Revenue			<b>Business Code</b>			
<b>2a</b>		.....					
<b>b</b>		.....					
<b>c</b>		.....					
<b>d</b>		.....					
<b>e</b>		.....					
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶						
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		44.		44.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . . ▶					
	<b>8a</b>	Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>					
		<b>b</b>	Less: direct expenses . . . . .	<b>b</b>			
		<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	.....						
<b>b</b>	.....						
<b>c</b>	.....						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		1896701.			44.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	142800.	142800.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	741625.	675214.	64653.	1758.
7	Other salaries and wages . . . . .				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	72239.	63001.	9080.	158.
10	Payroll taxes . . . . .	42380.	38940.	3290.	150.
11	Fees for services (non-employees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	493800.	465380.	25420.	3000.
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .				
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	30249.	29388.	861.	
23	Insurance . . . . .				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SEE STMT	171069.			
b		19119.			
c		60002.			
d		37577.			
e	All other expenses	68737.	28941.	39796.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e .	1879597.	1646986.	215460.	17151.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				



**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	413036.	<b>2</b>	442733.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	783319.	<b>4</b>	754186.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	21135.	<b>9</b>	25266.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 163462.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 57732.	84443.	<b>10c</b> 105730.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1301933.	<b>16</b>	1327915.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	129891.	<b>17</b>	111090.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	42852.	<b>19</b>	101707.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	93235.	<b>25</b>	62059.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	265978.	<b>26</b>	274856.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	835374.	<b>27</b>	849804.
	<b>28</b> Temporarily restricted net assets . . . . .	200581.	<b>28</b>	203255.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1035955.	<b>33</b>	1053059.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1301933.	<b>34</b>	1327915.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1896701.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1879597.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	17104.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	1035955.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	1053059.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **SANTA MONICA BAY RESTORATION FOUNDA** Employer identification number: **33-0420271**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2202477.	1804204.	1769448.	1900347.	1896701.	9573177.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	2202477.	1804204.	1769448.	1900347.	1896701.	9573177.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						9573177.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2202477.	1804204.	1769448.	1900347.	1896701.	9573177.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	47.	47.	44.	40.	44.	222.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						9573399.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100.00%
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: SANTA MONICA BAY RESTORATION FOUNDA
Employer identification number: 33-0420271

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions, 3 Aggregate value of grants, 4 Aggregate value at end of year, 5-6 Did the organization inform all donors and grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3-9 Questions regarding monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition... 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0.00%
- b** Permanent endowment ▶ 0.00%
- c** Temporarily restricted endowment ▶ 0.00%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	163,462.		57,732.	105,730.
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . ▶ 105,730.



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 401K PORTION EMPLOYEE PAYABLE	1,544.
(3) ACCUMULATED PAID TIME OFF	60,515.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	62,059.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,069,745.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	173,044.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	173,044.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,896,701.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	1,896,701.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,044,261.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	173,044.	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	173,044.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,871,217.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	8,380.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	8,380.	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	1,879,597.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII LINE 4 B

PART XII LINE 4 B: DIFFERENCE BETWEEN STRAIGHTLINE

DEPRECIATION PER AUDITED FINANCIALS AND MACRS FOR TAX

PURPOSES

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

SANTA MONICA BAY RESTORATION FOUNDA

Employer identification number

33-0420271

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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# Supplemental Information to Form 990 or 990-EZ

# 2018

**Open to Public Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Santa Monica Bay Restoration Foundation (DBA: The Bay Foundation)**

Employer identification number  
**33-0420271**

Part III Line 4(d) – Other program expenses of \$ 188,332 represent activities whose focus is on environmental remediation, education, point source pollution reduction and restoration via outreach to local environmental stakeholders including those in the boating community.

PART VI Sec B Question 11(a)- Form 990 was reviewed by the Board of Directors in detail prior to filing & questions were addressed to the preparer and resolved timely. A final draft version of the tax return was provided to the full board and any questions were fully resolved prior to execution and filing.

PART VI Sec B Question 12(c). The organization’s Board of Directors discusses annually any interests that could give rise to conflicts and signs a form to adhere to the organization’s Conflict of Interest policy. Additionally, consistent monitoring of the conflict of interest policy and any potential conflicts that may arise are reviewed as they occur, and are discussed in Board Meetings and are recorded in the minutes, as appropriate. The Conflict of Interest Policy is distributed annually.

PART VI Sec B Question 13- As of the date of this tax return TBF has formally adopted a Board approved Whistle Blower Policy that is promulgated by the National Council of Nonprofits.

PART VI Sec B Question 14- As of the date of this tax return TBF has formally adopted a Board approved Document Retention and Destruction Policy that exceeds the minimum requirements established by the National Council of Nonprofits

PART VI Sec B Question 15(a, b)-The Organization determines compensation for its Executive Director annually. The Board of Directors evaluates the performance of this individual based on performance of assigned tasks. Compensation is based on comparable compensation of similar subject matter experts employed in the local market. Benchmarking tools including the Guidestar Compensation Report are also consulted.

PART VI Sec C Question 19-Form 990 is available via website, Guidestar.org, and upon request. TBF maintains governing documents, conflict of interest policies and statements at our primary location.

Name of the organization

Employer identification number

**Santa Monica Bay Restoration Foundation (DBA: The Bay Foundation)**

**33-0420271**

**Part IX Line 11-G (FEES FOR SERVICES-NON EMPLOYEE) \$493,800.: This line item expense represents costs incurred for services related to restoration ,analysis, scientific consultation and other related expenses required to achieve contract, agreement, and award objectives and Organizational goals.**

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

Name(s) shown on return <b>SANTA MONICA BAY RESTORATI</b>	Business or activity to which this form relates <b>SANTA MONICA BAY RESTORATION F</b>	Identifying number <b>33-0420271</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions). . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> (a) Description of property	<b>(b)</b> Cost (business use only)	<b>(c)</b> Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562. . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 . . . . . ▶	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018 . . . . .	<b>17</b>	23,470
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19 a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property		47,436	7	HY	200 DB	6,779
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

<b>20 a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	30,249
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**



2018 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
<b>Form: SANTA MONICA BAY RESTORATION F</b>																
<b>Rental Property: N/A</b>																
<b>Depreciation Class: Machinery and equipment other</b>																
<b>In Service Year: 2014</b>																
HONDA 250 HP	01/14	19021	100		19021	MACRS	7.0	HY	14778	1697	1699	13195	2330			
<b>In Service Year: 2017</b>																
PARKER 28 VE	07/17	92905	100		88905	MACRS	7.0	HY	12705	21773	15549	9522	17008			
<b>In Service Year: 2018</b>																
TWIN 250 HON	10/18	45414	100		41414	MACRS	7.0	HY		5918	10142		4435			
<b>Depreciation Class: Office equipment</b>																
<b>In Service Year: 2018</b>																
DELL CTO SER	08/18	6122	100		6022	MACRS	7.0	HY		861	1475		645			
Form Totals:		163462			155362				27483	30249	28865	22717	24418			

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1709

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SANTA MONICA BAY RESTORATION FOUNDA	Employer identification number (EIN) or 33-0420271
	Number, street, and room or suite no. If a P.O. box, see instructions. 8334 LINCOLN BLVD SUITE 310	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES CA 90045	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► N BATCH CPA

Telephone No. ► 626-852-0321 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box. . . . .  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 \_\_\_\_ or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**US 990****Other Functional Expenses: Page 10, Line 24****2018**

Description of the Asset	Total	Program Services	Management and General	Fundraising
SUPPLIES AND MATERIAL	171,069.	155,906.	3,129.	12,034.
FUEL MOORAGE MAINT	19,119.	13,752.	5,367.	
PROFESSIONAL FEES	60,002.		60,002.	
TRAVEL	37,577.	33,664.	3,862.	51.
ADMINISTRATIVE FEES	13,374.	1,139.	12,235.	
INSURANCE	55,363.	27,802.	27,561.	
	356,504.	232,263.	112,156.	12,085.

## **TBF Program Accomplishments (990)**

This section contains a synthesis of programmatic or environmental success stories from the past year. This includes highlights from significant programs or projects and is categorically subdivided into 'wetlands, rivers, and streams', 'beaches, dunes, and bluffs', 'in the ocean', 'integrated coastal projects', 'climate change', and 'our communities'. For additional detail on project activities, visit TBF's website: [www.santamonica.org](http://www.santamonica.org).

### ***Wetlands, Rivers, and Streams***

[Malibu Lagoon Post-Restoration Monitoring](#) – This long-term comprehensive monitoring program evaluated the condition of the post-restoration Lagoon through biological, physical, and chemical surveys. The final [Comprehensive Monitoring Report](#) found that the site was meeting or exceeding all identified project goals and success criteria. Malibu Lagoon continued to have improved circulation, water quality, and overall condition. Public restoration events were held periodically to remove non-native, invasive vegetation.

[Community-Based Restoration at Ballona Wetlands](#) – This long-term project is restoring approximately three acres of heavily degraded habitats at the Ballona Wetlands Ecological Reserve through community-based restoration activities. Close to 100 volunteers removed invasive vegetation through community restoration events throughout the year. Summary results indicated a significant reduction in non-native vegetation cover in most areas as compared to the baseline, and an increase in native vegetation cover. Ongoing invasive vegetation removal, monitoring, and revegetation efforts will continue.

[Evaluating Regional Wetland Monitoring Programs](#) – This program worked towards increasing regional understanding of the condition of local coastal wetland systems and applying that knowledge towards standardizing wetland monitoring across the state of California. This program continued work on data standardization, data consolidation and analyses, held program partnership meetings, and conducted outreach activities. Additionally, work continued updating the California Wetland Monitoring Manual. This program is conducted in partnership with California State University, Long Beach, Tijuana River National Estuarine Research Reserve, and Southern California Coastal Water Research Project.

[Stone Canyon Creek Restoration](#) – TBF, UCLA, and the UCLA Lab School have worked together, alongside thousands of volunteers, to help restore a portion of one of the few remaining unburied creeks in the area. Serving as a 'living classroom' for both UCLA and the Lab School, this project is being scientifically monitored by UCLA and TBF for vegetation and wildlife, as well as periodic community maintenance. UCLA's Environmental Sustainability Committee began developing stewardship planning for this site for the next several years, continued monitoring, and started planning for restoration events.

### ***Beaches, Dunes, and Bluffs***

[LAX Dunes Restoration](#) – In partnership with Los Angeles World Airports and Friends of the LAX Dunes, TBF conducted [monthly volunteer restoration events](#) at the LAX Dunes to remove invasive vegetation and teach the local community about the importance and resilience of coastal dune systems. Additionally, TBF coordinated biological monitoring activities and lead partners in larger-scale invasive plant removal efforts. Community volunteers have donated thousands of hours to pull hundreds of bags of invasive, non-native vegetation. Additionally, the program had volunteer participants from nearly 200 unique zip codes, with many of them from disadvantaged communities. The third and final report for the [Coastal Dune Community Stewardship Project](#) was produced in March 2019. TBF will continue to

conduct restoration activities and scientific monitoring in the northern 48-acre area and expand into the central 52-acre dune area.

[Santa Monica Beach Restoration Pilot Project](#) – This pilot project is restoring approximately three acres of sandy coastal habitat on the beach in the City of Santa Monica. The project is reestablishing native vegetation on the beach, while aiming to create a sustainable coastal strand and foredune habitat complex resilient to sea level rise and coastal erosion. Native dune vegetation and sand hummocks continued to establish, in some places up to a meter in height, ongoing monitoring informed climate change resiliency planning, outreach efforts continued to inform coastal planning, and an annual report was produced.

[Malibu Living Shoreline Project](#) – This project, in partnership with the City of Malibu, Los Angeles County Department of Beaches and Harbors (LACDBH), and State Coastal Conservancy (SCC) aims to restore three acres of sandy beach and dune habitats at Zuma Beach and Point Dume Beach to improve coastal resiliency and increase the health of the beach systems through a living shoreline approach. Project partners continued planning, permitting, community outreach, and conducted baseline monitoring. Conceptual designs, artistic renderings, and restoration design was completed by Rios and Coastal Restoration Consultants. Interpretive sign designs will be finalized in 2020.

[Manhattan Beach Dune Restoration](#) – This project aims to restore approximately three acres of foredune habitat in the City of Manhattan Beach to provide infrastructure protection and increase coastal resiliency, while improving habitat quality through invasive plant removal and native plant establishment. TBF continued partnership and concept development with LACDBH, City of Manhattan Beach, and USGS, presented to Manhattan Beach's City Council, and was awarded a grant from California State Coastal Conservancy to start work in 2020.

[Beach Characterization Studies](#) – In partnership with [Loyola Marymount University's Coastal Research Institute \(CRI\)](#), this research project is conducting a site-suitability analysis to determine potential areas for beach restoration, evaluating factors such as recreational use, physical, and biological characteristics, while contributing information to the Comprehensive Monitoring Program. Dr. John Dorsey and several CRI internship students continued a pilot study along beaches in the Bay, initiated the site-suitability analysis, assessed beach vulnerability, and produced a research poster.

### ***In the Ocean***

[Kelp Forest Restoration](#) – This project was developed to reverse the loss of kelp forests off the Palos Verdes Peninsula. The restoration is achieved by systematically reducing the density of sea urchins on the ocean floor to a target of two per square meter. This approach allows for the regrowth of kelp and increases diversity. Five acres of kelp forest were restored, bringing the total for this project, started in 2013, to 51.9 acres in total. Commercial fishermen and TBF scientists restore and monitor these reefs, respectively, as they are transformed from urchin barrens to kelp forests.

[Abalone Restoration](#) – This project implements a multifaceted approach to research and method development to restore populations of abalone to Santa Monica Bay and adjacent coastal waters. In 2018 and 2019, construction phases for two abalone laboratories were completed at the Southern California Marine Institute. In these laboratories, TBF advances research on captive and wild abalone care, spawning, and larval cultivation techniques. The focus of this work has been refined to support the recovery of the endangered white abalone. Over 1,600 white abalone were outplanted into the wild.

[Socio-Economic Research Related to Marine Spatial Planning](#) – This aerial-survey based project maps the location, type, and activity of boats along the southern California coast from the U.S. Mexican Border to

Point Conception. Started in 2008, this effort was intended to track boater responses to the establishment of the Marine Protected Area (MPA) network. Quarterly survey flights continue to assess compliance with MPA regulations and capture emerging trends in fishery or boating activity. TBF biologists collected data from the planes donated by LightHawk volunteer pilots to continue this fishery-independent data set. TBF received an award from LightHawk in appreciation for this longstanding partnership.

Oceanographic Shore Station – An array of sensors is affixed to the Santa Monica Pier measure the temperature, pressure, chlorophyll, and salinity of the ocean water. These data are available real-time on the Southern California Coastal Ocean Observing System website [SCCOOS website](#). TBF, Los Angeles Waterkeeper, and SCCOOS divers maintained this array with support from the City of Los Angeles, US EPA, and the City of Santa Monica Harbor Patrol. This shore station is one of four in southern California. Collectively these stations help describe changes in the nearshore ocean over time.

### ***Integrated Coastal Projects***

Los Angeles Living Shoreline Project (LA-LSP) – This innovative project, with a diversity of partners and supporters, aims to implement a multi-habitat approach to restore approximately 3.5 acres of beach and coastal bluff habitat while increasing coastal resilience in a disadvantaged community. This project also includes an experimental project to establish offshore eelgrass within a one-acre footprint. LA-LSP is being funded by the State Coastal Conservancy and Honda Marine Science Foundation. Partnerships and planning continued, baseline surveys were initiated in partnership with CRI, and surveys were conducted off Malibu and Catalina Island to identify potential eelgrass donor beds and inform permitting.

Microplastics Research – Plastic is the most prevalent type of marine debris found in our oceans, and microplastics are considered an emerging constituent of concern due to their ubiquitous presence in the environment, danger to marine life when ingested, and potential to bioaccumulate chemicals up the food web. CRI continued refining a protocol to extract microplastics from sediments including infrared spectroscopy and continued a pilot study along Bay beaches. Ongoing partnership development with University of California Santa Barbara will continue to inform regional data gaps in the fate and transport conceptual model for microplastics in the nearshore environment and invertebrate community.

### ***Climate Change***

Climate Change Action Planning and CCMP Action Plan – Climate change, including climate stressors for the region such as sea level rise and drought, continue to be important drivers for planning and adaptive management actions. In 2018, SMBNEP released the [Action Plan for the Comprehensive Conservation and Management Plan \(CCMP\)](#), including actions related to climate change such as filling in important data gaps for our region, or prioritizing projects to increase resilience of our coastal areas such as beach and dune restorations. The seven goals and 44 actions it contains represent priorities for our region, established through many workshops and consensus building activities. SMBNEP completed the [Finance Plan](#), another component of the CCMP, and continued work on the Comprehensive Monitoring Program and an MOU to inform structure and governance.

Ocean Acidification – An array of instruments that measure pH, dissolved oxygen, and pCO<sub>2</sub> have been deployed off the Palos Verdes Peninsula since the second half of 2016 by the Sanitation District of Los Angeles County. The data collected by this project will improve our understanding of ocean acidification and hypoxia off our coast. Over the last two years, data were collected at the second location at a depth of 60 meters and showed less variability as compared to the first deployment year in 15 meters. These



data allowed good characterization of the frequency, magnitude, and duration of OAH events in the nearshore surface and offshore bottom layers.

[Eelgrass Ocean Acidification Buffer](#) – University of California Los Angeles' Senior Practicum class conducted research assessing the effects of offshore eelgrass on pH and dissolved oxygen. The focus of their study was to determine the strength of buffering, exhibited by the increase in pH (lowering acidification) in eelgrass in Santa Monica Bay.

[Kelp Forest Hydrodynamics](#) – This cooperative project is designed to inform how kelp forests influence current patterns, wave velocity, and sediment transport off the coast of the Palos Verdes Peninsula. Additional funding was awarded to California State University Northridge and University of California Davis from University of Southern California SeaGrant to continue this study on two more kelp forest sites. Two sites were established off Palos Verdes and instruments were deployed. Data collection was halted due to high activity in the site from commercial lobster vessels, and all instruments were removed from the sites. This study will resume in spring 2020.

### ***Our Communities***

[Internship and Research Assistant Program](#) – Through this program, TBF and CRI coordinate volunteers, students, and postgraduates in research, habitat restoration, and scientific data collection efforts across many projects. The program also supports the implementation of the Comprehensive Monitoring Program. In spring and early summer 2019, CRI expanded to include six Faculty Fellowships and 14 paid undergraduate internship students. An additional 21 undergraduates, three graduate students, and eight high school students participated in CRI research. Focal research directions included: intertidal microplastics research, beach characterization studies, modeling coastal climate stressors and adaptation strategies, native plant microbe interaction research, eelgrass and seafood genetics research, marine invertebrate physiology research, and habitat restoration and scientific monitoring. Each research direction aims to answer multiple research questions. Students created multiple presentations, posters, and other products as part of the research efforts.

[Boater Education Program](#) – This is a multi-faceted program designed to engage the Southern California boating community to reduce and eliminate boating-related ocean pollution. The program continued to publish "[The Changing Tide](#)" statewide newsletters, annual tide books, and published the 5<sup>th</sup> edition of the popular [Southern California Boater's Guide](#). Through the Honey Pot Day program, mobile sewage pumpouts are offered; 110 boaters participated, and 2,160 gallons of sewage were properly disposed. The program also produced and distributed 3,150 Boater Kits and trained 89 Dockwalker volunteers. The [Pumpout Nav](#) app has been updated to include sewage dump stations and floating restrooms in addition to sewage pumpout stations. TBF and San Francisco Estuary Partnership, in partnership with California State Parks Division of Boating and Waterways, was awarded the 'Outstanding Service Award' for the Pumpout Nav app at the States Organization for Boating Access.

[Clean Bay Certified Program](#) – This program partners with watershed cities to certify restaurants that comply with stormwater permit requirements and additional pollution prevention practices. TBF hosted a partners meeting and inspector training for all participating cities. The partners meeting provided a forum for collaboration and discussion of the program direction. The inspector training was provided to review the Clean Bay Certified Inspector Checklist, train new inspectors, refresh returning inspectors, and discuss potential checklist updates. Food service establishments were certified using an updated rigorous inspection checklist.

SANTA MONICA BAY RESTORATION FOUNDATION: ATTACHEMENT "A"  
EIN#: 33-0420271

ReThink Disposable LA – Clean Water Action / Clean Water Fund (CWA/CWF) program provides technical assistance to food service establishments for source reduction of single-use disposable items. TBF received funding to implement this program at boating related food service establishments such as yacht clubs and marinas. Program implementation will occur in 2020.

Table-to-Farm Composting – To better address food waste and greenhouse gas emissions from landfills and transportation due to hauling waste, TBF is working with restaurants in Inglewood, Gardena, and Lawndale and Environmental Charter Schools (ECS) to close the food loop. The program built a third compost bin at ECS Lawndale and recruited two additional restaurants to participate in the program. Since September 2017, 10,430 lbs of food waste have been diverted from landfills and composted in a three-bin system. Approximately 900 students have been engaged in the program and have learned about food waste, compost, and climate issues. To fully close the food loop, TBF and ECS Inglewood will be constructing five community gardens just off campus to grow fruits and vegetables for the community, utilizing the compost created with restaurant food waste. Funding for this has been obtained through the US EPA, and program implementation will occur in 2020.

TAXABLE YEAR

# California Exempt Organization 2018 Annual Information Return

FORM

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019

Corporation/Organization name  
**SANTA MONICA BAY RESTORATION FOUNDA**

California corporation number  
**1481142**

Additional information. See instructions.  
**THE BAY FOUNDATION**

FEIN  
**33-0420271**

Street address (suite or room)  
**8334 LINCOLN BLVD SUITE 310**

PMB no.

City  
**LOS ANGELES**

State  
**CA**

Zip code  
**90045**

Foreign country name

Foreign province/state/county

Foreign postal code

- A First Return  Yes  No
- B Amended Return  Yes  No
- C IRC Section 4947(a)(1) trust  Yes  No
- D Final Information Return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series
- G Is this a group filing? See instructions  Yes  No
- H Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name?
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions  Yes  No
- K Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources . . . \$ \_\_\_\_\_
- L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
No filing fee is required.
- M Is the organization a Limited Liability Company?  Yes  No
- N Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- P Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

### Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	44	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	1,896,657	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B . . .</b>	4	1,896,701	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	1,896,701	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,879,597	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	17,104	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		00
	16 Penalties and Interest. See General Information J	16		00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title <b>EXECUTIVE DI</b>	Date <b>1-15-20</b>	Telephone <b>888-301-2527</b>
	Preparer's signature <i>Michael S. CPA</i>	Date <b>01/15/2020</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00479493</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address <b>BEYOND THE NUMBERS ACCOUNTING 102 WEST ROUTE 66 B GLENORA CA 91740-</b>			Firm's FEIN <b>20-1836132</b>
				Telephone <b>626-852-0321</b>

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No



**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEB SITE ADDRESS:**  
<http://ag.ca.gov/charities/>

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>078384</u> Santa Monica Bay Restoration Foundation <hr/> Name of Organization <u>8334 Lincoln Blvd. # 310</u> Address (Number and Street) <u>Los Angeles, CA 90045</u> City or Town, State and ZIP Code	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>C-1481142</u> Federal Employer I.D. No. <u>33-0420271</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07 / 01 / 18 ending 06 / 30 / 2019) list:  
 Gross annual revenue \$ 1,896,701 Total assets \$ 1,053,059

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. See Attached List	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (888) 301 - 2527  
 Organization's e-mail address mvillagomez@santamonibay.org

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Thomas K Ford
Executive Director
1/31/2020

Signature of authorized officer
Printed Name
Title
Date



N

# State of California Secretary of State

## Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

This Space for Filing Use Only

**Complete Principal Office Address** (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

4. MAILING ADDRESS OF THE CORPORATION CITY STATE ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

6. SECRETARY ADDRESS CITY STATE ZIP CODE

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS [Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.]

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

### Common Interest Developments

10.  Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE